

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. **35833**
4638

FILED OCT 24 1957

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4638</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u>		c. LENGTH OF STAY (in this place) <u>51 yrs.</u>		c. CITY (OR TOWN) <u>Kansas City,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Queen of the World Hosp.</u>				STREET ADDRESS (If rural, give location) <u>2424 Harrison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>C.</u> c. (Last) <u>Green</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 17, 1906</u>	
9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Employee</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Handler</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Jerry Green</u>				13b. MOTHER'S MAIDEN NAME <u>Della Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>				16. SOCIAL SECURITY NO. <u>487-10-1881</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gladys Paskins K.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarct</u>				<u>5 min</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal obstruction</u>				<u>14 days</u>			
DUE TO (c) <u>Strangulated right inguinal hernia</u>				<u>5 days</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General peritonitis due to strangulated hernia</u>				<u>4 days</u>			
19a. DATE OF OPERATION <u>9-21-57</u>				19b. MAJOR FINDINGS OF OPERATION <u>Strangulated right inguinal hernia with 5610 necrotic ileum</u>			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>October 6, 1957</u>	
22. I hereby certify that I attended the deceased from <u>September 20, 57, to September 5, 1957</u> , that I last saw the deceased alive on <u>October 5, 1957</u> , and that death occurred at <u>3:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Leo H. Pollock M.D.</u>				23b. ADDRESS <u>1406 Professional Building</u>		23c. DATE SIGNED <u>Oct. 7, 1957</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>October 11, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-7-57</u>				REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Weeks Mortuary Kansas City, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 Leo H. Pollock

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Millard B. Paskin

Licensed Embalmer No. *5013*

P.O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.